

LICENSING DIVISION (BAR)

P. O. Box 989001 WEST SACRAMENTO, CA 95798-9001



For Department Use Only
Old Station License #
New Station License #
ARD#

MCI Smog Check Station ELECTRONIC TRANSMISSION SERVICE ENROLLMENT FORM

INSTRUCTIONS:

- 1. Submit completed form to the Licensing Division at the above address.
- 2. The monthly invoice for all charges incurred will be sent to the billing contact at the billing address listed below.
- 3. If you have any questions, call MCI at 1(800)731-SMOG
- 4. IF AN INFORMATION IS OMITTED, THIS FORM WILL BE RETURNED TO YOU FOR COMPLETION.

Please type or print legibly					
Station Name:	ion Name: As noted on Automotive Repair Dealer Registra				
Business Address:	Number and Street	City		State	Zip Code
Business Area Code and Telephone	Business Area	Business Area Code and Fax Number:			
Billing Contact Area Code and Telephone Number:		Billing Contact	Billing Contact Area Code and Fax Number:		
Billing Contact Name:	First	Middle	Last		
Billing Address:	Number and Street	City	State		Zip Code
List the name and license number for	ALL Smog Check Techni	cians employed at the stat	ion: Attach additional sh	neet if necessary	
Smog Check Technician Name:	First	Middle	Last	License Number:	
Smog Check Technician Name:	First	Middle	Last	License Number:	
Smog Check Technician Name:	First	Middle	Last	License Number:	
List the BAR 90 TAS/BAR 97 EIS uni	t number and dedicated to	elephone number for ALL u	ınits at the station: Attac	th additional sheet if necessary	
BAR 90 TAS/BAR 97 EIS Unit Numb	per:	Dedicated Tele	ephone Number: () -	
BAR 90 TAS/BAR 97 EIS Unit Numb	Dedicated Tele	ephone Number: () -		
BAR 90 TAS/BAR 97 EIS Unit Numb	Dedicated Tele	ephone Number: () -		
I have reviewed this form and believe manner, all authorized costs incurred					ay in a timely
Authorized Signature		Date			
Name		Title			